

# *Exhibit 22*

**P.T. TREATMENT RECORD & PROGRESS NOTE, Week Ending:**

<b>Codes</b>	<b>Dates of Service →</b>	10/18	10/20	10/22			<b>Date Plan Established</b>
97010	Hot / cold pack	X	X	X			10.05.2010
97014	Electrical Muscle Stimulation	X	X	X			
97035	Ultrasound(each area)	X	X	X			
97033	Iontophoresis (15 min. each)						
97018	Paraffin Bath						
97022	Whirlpool						
90901	Biofeedback						
97140	Manual Therapy						
97124	Massage	X	X				
97112	Neuromuscular Re-education						
97530	Transfer/Bed Mob Training						
97116	Gait Training						
97110	Therapeutic Exercise 15 min	X	X	X			
97110-1	Therapeutic Ex Add 15 min						
97703	Orthotic Training 15 min						
97012	Traction Mechanical						
97542	W/C Propulsion/Management						
97002	PT Re-evaluation						
95831	Manual Muscle testing						
95851	ROM Measurement						
97001	PT Evaluation						
	<b>Therapist Initials</b>						

**Assessment: (in SOAP format)**

S: My pain is about 6 today .

Pain level: Is 7/10 on 0-10 scale.

O: Patient received 3 tx session this week with the following modalities.

IFC with MHP to LS for 15 min, US at 1MHZ at 1.3 w/cm<sup>2</sup> to His lower back for 8 mts . Thx massage is given to the patient .thx excs are given to the patient.

FN status: pain level at ls is about 6/10 on 0/10 scale and tenderness is about 4/5 on 0/5 scale. spasm at ls 4/5 on 0-5 scale. arom @ls is restricted moderately due to pain..muscle power is about 3/5 on 0-5 scale endurance is poor .balance static/dynamic : good .. pt has max difficulty to go up &amp; down stairs ,mod difficulty to get in &amp; out of the car and bath tub patient has max difficulty to get up from the low height chair .also has moddifficulty with bed mobility .patient max pain with right side bending ,and rotations .patient c/o pain with walking &gt;10 mts pt has max difficulty to sleep on stomach for &gt;10 mts, max difficulty to sit for &gt;10-15 mts and max difficulty to stand for &gt; 10- 15 mt. patient has max difficulty to reach for object from floor due to pain

A: Patient is re evaluated and shows progression.

P: Continue as per plan of care

<b>Date of Birth</b>	<b>Sex</b>
	male
<b>Diagnosis</b>	
LUMBAR STRAIN WITH RADICULOPATHY	
<b>Physician</b>	
DR MARTIN QUIROGA	
<b>Insurance</b>	
<b>Co-Insurance</b>	
<b>Therapist</b>	
<b>Treatment:</b> As per POT	



Therapist Signature

**O.T. TREATMENT RECORD & PROGRESS NOTE, Week Ending:**

<u>Codes</u>	<u>Dates of Service →</u>	10/18	10/20	10/22	<u>Date Plan Established</u>
97010	Hot / cold pack	X	X	X	10/05/2010
97014	Electrical Muscle Stimulation	X	X	X	Month/Year 10/10
97035	Ultrasound(each area)	X	X	X	Last Name
97033	Iontophoresis (15 min. each)				
97018	Paraffin Bath				
97034	Contrast Bath				
97022	Whirlpool				
90901	Biofeedback				
97016	Vasopneumatic Therapy				
97140	Manual Therapy	X	X	X	Date of Birth      Sex MALE
97124	Massage				
97112	Neuromuscular Re-education				
97530	Transfer/Bed Mob Training				
97116	Gait Training				
97110	Therapeutic Exercise 15 min	X	X	X	
97110-1	Therapeutic Ex Add 15 min				
97704	Orthotic Training 15 min				
97520	Prosthetic Training 15 min				
97012	Traction Mechanical				
97542	W/C Management				
97003	OT Evaluation				
97004	OT Re-evaluation				
95831	Manual Muscle testing				
95851	ROM Measurement				
97532	Cognitive Skills Training				
97530	Therapeutic Activities				
97535	Self Care Mngmnt Training	X	X	X	
	Splint Education				
	Splint charge				
	Therapist Initials				

**Assessment: (in SOAP format)**

S: Patient states: " I am doing better" Pain level in CS 7/10 on 0-10 scale.

O: Patient received 3 tx sessions this week with the following modalities: IFC with MHP to CS, STM with MFR to CS, jt mbs with grade 1& 2 to CS, US to CS/trapezius msl groups 3.3 mhz w/cm<sup>2</sup>. Patient fn status is as follows: Tenderness at CS 4-/5on 0-5 scale. Spasm at B upper & lower Trapezius is 4-/5 at 0-5 scale. Manual ms strength at C.S 3+/-5 on 0-5 scale. Endurance fair-. Pt is unable to cook and clean the house, c/o pain mod/max difficulty during dressing and grooming, unable to sleep on sides >15-20min, sit to watch TV >10-15 min. ADL task Feeding independent, Grooming min A, Washing UB mod A, LB min A, Dressing UB mod A, LB min A, Toileting independent, c/o pain during Bed mobility & transfers, ADL transfer sit to stand, tub - Independent. Pt is unable to look up, down & around .Demo with HEP. Pt educated on additional cervical and UE stretches to decrease pain and stiffness, pt able to demo all stretches and added to HEP

A: Patient demo with dec pain, tend in neck msls this week. Patient needed frequent rest breaks in between tx sessions. Tolerated tx well with min- mod discomfort.

P: Continue with POC to achieve set goals.

**17200 E 10 MILE ROAD, SUITE 161  
EASTPOINTE, MI 48021**

Name:	Therapist:						
EXERCISE:	DATE: 10/11/10	DATE: 10/15	DATE: 10/18	DATE: 10/20	DATE: 10/22	DATE: 10/29	DATE: 11/1
Lumbar Rotation	1 set / 5	✓	✓	✓	✓	✓	✓
Single Knee to Chest	1 set / 5	✓	✓	✓	✓	✓	✓
Knees to Chest	1 set / 5	✓	✓	✓	✓	✓	✓
Balance Board	1 set / 5	✓	✓	✓	✓	✓	✓
STRETCHING:							
Back	5 min	✓	✓	✓	✓	✓	✓
Legs	5 min	✓	✓	✓	✓	✓	✓
CARDIO:							
Bike							
TREADMILL	5 min	✓	✓	✓	✓	✓	✓

## P.T. TREATMENT RECORD &amp; PROGRESS NOTE

<u>Codes</u>	<u>Dates of Service →</u>	<u>5/16</u>	<u>5/17</u>	<u>5/18</u>	<u>5/19</u>	<u>5/20</u>	<u>Date Plan Established</u>
97010	Hot / cold pack		X	X		X	4/14/2011
97032	Electrical Muscle Stimulation		X	X		X	Month/Year 5/2011
97035	Ultrasound(each area)						Last Name
97033	Iontophoresis (15 min. each)						
97018	Paraffin Bath						
97022	Whirlpool						
90901	Biofeedback						
97140	Manual Therapy		X	X		X	Date of Birth
97124	Massage						M
97112	Neuromuscular Re-education						Diagnosis
97530	Transfer/Bed Mob Training						LOW BACK PAIN
97116	Gait Training						
97110	Therapeutic Exercise 15 min						
97110-1	Therapeutic Ex Add 15 min						
97703	Orthotic Training 15 min						
97012	Traction Mechanical						
97542	W/C Propulsion/Management						
97002	PT Re-evaluation						
95831	Manual Muscle testing						
95851	ROM Measurement						
97001	PT Evaluation						
	<u>Therapist Initials</u>		PAM	PAM		DSW	

## Assessment (SOAP format)

S: Pt reports pain in LB 8/10 on 0-10 scale.

O: Pt received 3 tx session this week with the following modalities: MHP/EMS to LB x 20 min, STM to LB x 10 min. Pt's functional status is as follows: Pt is unable to ambulate &gt; 125 feet w/out inc pain, has mod difficulty asc/desc stairs and standing from low height chair. Pt c/o max difficulty w/bed mobility. Pt has max difficulty w/trunk ext/flex in standing. Pt demo mod difficulty w/toe touches due to pain. Pt has max limitations w/trunk rotation due to pain.

A: Pt demo dec pain. Pt tol session well.

P: Continue with skilled therapy per POC to achieve set goals.

Brenda Mylles, PTA  
 Therapist's Signature  
*Brenda Mylles*  
 NPP

## O.T. TREATMENT RECORD &amp; PROGRESS NOTE

<u>Codes</u>	<u>Dates of Service →</u>	<u>5/17</u>	<u>5/18</u>	<u>5/20</u>	<u>Date Plan Established</u> 4/14/2011
97010	Hot / cold pack	X	X	X	
97032	Electrical Muscle Stimulation	X	X	X	
97035	Ultrasound(each area)	X	X	X	
97033	Iontophoresis (15 min. each)				
97018	Paraffin Bath				
97034	Contrast Bath				
97022	Whirlpool				
90901	Biofeedback				
97016	Vasopneumatic Therapy				
97140	Manual Therapy	X	X	X	
97124	Massage				
97112	Neuromuscular Re-education				
97530	Transfer/Bed Mob Training				
97116	Gait Training				
97110	Therapeutic Exercise 15 min	X	X	X	
97110-1	Therapeutic Ex Add 15 min				
97704	Orthotic Training 15 min				
97520	Prosthetic Training 15 min				
97012	Traction Mechanical				
97542	W/C Management				
97003	OT Evaluation				
97004	OT Re-evaluation	X			
95831	Manual Muscle testing				
95851	ROM Measurement				
97532	Cognitive Skills Training				
97530	Therapeutic Activities				
97535	Self Care Mngmnt Training	X	X	X	
	Splint Education				
	Splint charge				
	Therapist Initials				

Assessment: (in SOAP format)

S: Patient states: "I'm a little better." Pain level in CS 7-8/10 on 0-10 scale.

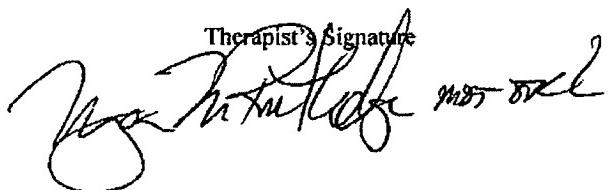
O: Patient received 3 tx sessions this week with the following modalities: IFC with MHP to CS, STM with MFR to CS, jt mobs with grade 1&amp; 2 to CS, US to CS/trapezius msis groups 3.3 mhz w/cm2. Cervical stretches and AROM, Bilateral shoulder wheel 10x 1 reps each, AROM exercises 10 x 1 reps each (all planes), bilateral shoulder/elbow flexion/extension, adduction/ abduction. Instruct with ADL compensatory technique.

Demo with HEP.

A: Patient demo with dec pain, tend in neck and shoulder msis this week. Patient needed frequent rest breaks in between tx sessions. Tolerated tx well with min discomfort.

P: Continue with POC to achieve set goals.

Therapist's Signature



Pt name	SOC: 4/14/2011				
DX: LOW BACK PAIN					
DATE	5/17	5/18	5/20	5/25	5/26
LUMBAR					
MHP/EMS X 15 MIN	✓	✓	✓	✓	✓
STM X 15 MIN	✓	✓	✓	✓	✓
TRUNK ROM					
SIDE BENDS					
TOE TOUCHES					
TRUNK FLEX/EXT					
CHEST PRESS					
PULL DOWNS					
LEG PRESS					
BALL SQUATS					
HS STRETCH					
CORNER STRETCH					
SCIATIC STRETCH					
TM X 10 MIN	✓	✓	✓	✓	✓
THERAPIST/TECH INITIALS	RJM or A. Dres				
PTA SIGNATURE	B. Mifield, PTA				

**P.T. TREATMENT RECORD & PROGRESS NOTE, Week Ending:**

Codes	Dates of Service →	03/08	03/09	03/11	
97010	Hot / cold pack	X	X	X	
97014	Electrical Muscle Stimulation	X	X	X	
97035	Ultrasound(each area)	X	X	X	
97033	Iontophoresis (15 min. each)				
97018	Paraffin Bath				
97022	Whirlpool				
90901	Biofeedback				
97140	Manual Therapy	X	X	X	
97124	Massage				
97112	Neuromuscular Re-education				
97530	Transfer/Bed Mob Training				
97116	Gait Training				
97110	Therapeutic Exercise 15 min	X	X	X	
97110-1	Therapeutic Ex Add 15 min				
97703	Orthotic Training 15 min				
97012	Traction Mechanical				
97542	W/C Propulsion/Management				
97002	PT Re-evaluation				
95831	Manual Muscle testing				
95851	ROM Measurement				
97001	PT Evaluation				
	Therapist Initials				

Date Plan Established

1/21/10

Month/Year

01/2010

Last NameSex  
MALEDiagnosis1. THORASIC STRAIN  
2. LUMBAR STRAINPhysician

DR.GUNABALAN

InsuranceCo-InsuranceTherapistTreatment:

As per POT

**Assessment: (in SOAP format)**

S I still feel the tightness,pain is little better

Pain level: Lumbosacral 8/10 on 0-10 scale.

O: Patient was treated as per established plan of care. Patient received 3 tx session this week with the following modalities.

IFC with MHP to his thoracic and low back for 15 min, US includes 1 MHZ @ 1.3 w/cm<sup>2</sup> to his low back. MFR to his back for 10 min.therapeutic exercises including active rom. prom and stretching and strengthening exercises to her neck, thorasic and low back.

FN status: tenderness at LS 3-4/5 on 1-5 scale, muscle strength of LS is 3/5 on 0-5 scale.

Endurance is poor+, Pt has mod/max difficulty to go up &amp; down stairs. Pt has mod/ difficulty to get up from low height chair.pt has mod/min difficulty using bath tub.pt has min/ pain during bed mobility

HEP is given and bed mobility and safety exercises were thought.

A: mod hamstrings tightness

P: Continue as per plan of care to achieve set goals.

  
 Therapist's Signature

**O.T. TREATMENT RECORD & PROGRESS NOTE, Week Ending:**

Codes	Dates of Service →	3/08	3/09	3/11	
97010	Hot / cold pack	X	X	X	
97014	Electrical Muscle Stimulation	X	X	X	
97035	Ultrasound(each area)	X	X	X	
97033	Iontophoresis (15 min. each)				
97018	Paraffin Bath				
97034	Contrast Bath				
97022	Whirlpool				
90901	Biofeedback				
97016	Vasopneumatic Therapy				
97140	Manual Therapy	X	X	X	
97124	Massage				
97112	Neuromuscular Re-education				
97530	Transfer/Bed Mob Training				
97116	Gait Training				
97110	Therapeutic Exercise 15 min	X	X	X	
97110-1	Therapeutic Ex Add 15 min				
97704	Orthotic Training 15 min				
97520	Prosthetic Training 15 min				
97012	Traction Mechanical				
97542	W/C Management				
97003	OT Evaluation				
97004	OT Re-evaluation				
95831	Manual Muscle testing				
95851	ROM Measurement				
97532	Cognitive Skills Training				
97530	Therapeutic Activities				
97535	Self Care Mngmnt Training	X	X	X	
	Splint Education				
	Splint charge				
	Therapist Initials				

Date Plan Established  
2/18/2010

Month/Year  
2/10

Last Name

Date of Birth Sex  
 MALE

Diagnosis  
CERVICAL SPRAIN  
THORACIC SPRAIN

Physician  
Dr. Gunabalan

Insurance

Co-Insurance

Therapist

Treatment:  
As per POT

**Assessment: (in SOAP format)**

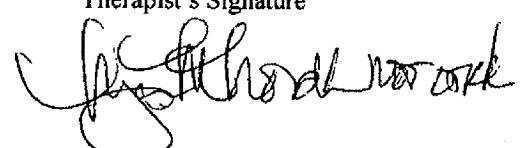
S: Patient states: "My back continues to bother me" Pain level in CS 7/10 on 0-10 scale.

O: Patient received 3 tx sessions this week with the following modalities: IFC with MHP to CS, STM with MFR to CS, jt mbs with grade 1& 2 to CS, US to CS/trapezius msl groups 1 mhz w/cm2. Patient fn status is as follows: Tenderness at CS 3+/5on 0-5 scale. Spasm at B upper & lower Trapezius is 4-/5 at 0-5 scale. Manual ms strength at C.S 3+/5 on 0-5 scale. Endurance fair. Pt is unable to cook and clean the house, c/o pain mod/max difficulty during dressing and grooming, unable to sleep on sides >10-15 min, sit to watch TV >15 min. ADL task Feeding independent, Grooming min A, Washing UB min/mod A, LB min A, Dressing UB min/mod A, LB min A, Toileting independent, c/o pain during Bed mobility & transfers, ADL transfer sit to stand, tub – Independent. Pt is unable to look up, down & around secondary to pain in neck and shoulders. Pt given cervical and UE stretching exercises to decrease pain and stiffness, pt able to demo all exercises and added to HEP

A: Patient demo with dec pain, tend in neck and back msls this week. Patient needed frequent rest breaks in between tx sessions. Tolerated tx well with min discomfort.

P: Continue with POC to achieve set goals.

Therapist's Signature



**POINTE PHYSICAL THERAPY  
17200 E 10 MILE ROAD, SUITE 165  
EASTPOINTE, MI 48021**

March 2010

P.T. TREATMENT RECORD & PROGRESS NOTE, Week Ending:

7/24/09

#### **Assessment (SOAP format)**

S: Pt reports pain level at LS is 7-6+/10 on 0-10 scale.

3. Pt reports pain level at LS is 3+3/5 on 0-5 scale. Pt received 3 TX sessions this week with the following modalities: Ther US x 13.w/cm<sup>2</sup> at 1MHz to LS O; IFC and MHP to LS x 20 minutes, manual therapy including STM to LS x 10 minutes, ther exercises to include bike, elliptical, chest press, row, pull downs, and trunk stabilization/stretching exercises x 20 minutes. Pt's functional status is as follows: Tenderness at L2- L5 3+3/5 on 0-5 scale, spasm at LS 3+5/5 on 0-5 scale. AROM at LS flex 0-10 deg, side flex 0-5 deg, ext 0-5 deg, rot 0 deg.

spasm at LS 3+/5 on 0-5 scale. AROM at LS flex 0-10 deg, ext 0-10 deg. Manual msl strength at LS 3-/5 on 0-5 scale. Endurance for sitting poor+, standing and dynamic activities poor+. Balance for dynamic activities fair. Pt has mod difficulty to go up & down stairs. Pt needs mod A to get up from low height chair. Pt has mod-min difficulty using bathtub. Pt c/o mod pain during bed mobility & transfers. Pt is unable to sleep on stomach < 5-10 minutes, sleep on back for > 5-10 min, sit for >15-20 min & stand for > 5 min, reach for object from floor due to pain. C/o pain during dressing and grooming. Pt's co ordination is good. Sensation normal. Pt demo HEP with min difficulty.

Pt's co-ordination is good. Sensation normal. Pt demo HEP with little difficulty. No sensory loss or reduced functional mobility. Pt tol sessions well.

A: Pt demo dec pain and improved functional mobility. Pt tol sessions well.

P: Continue with skilled therapy per POC to achieve set goals.

Brenda Meyers, PTA  
Therapist's Signature  
